

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

MOHAMMAD TABASSAM,

Plaintiff,

-against-

WESTCHESTER COUNTY TAXI &  
LIMOUSINE COMMISSION,

Defendant.

1:21-CV-7658 (LTS)

ORDER DIRECTING PAYMENT OF  
FEES OR AMENDED IFP  
APPLICATION

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiff brings this action *pro se*, seeking to proceed without prepayment of fees, that is, *in forma pauperis* (“IFP”). For the reasons discussed below, within 30 days of the date of this order, Plaintiff must either pay the \$402 in fees that are required to file a civil action in this court or submit an amended IFP application.

To proceed with a civil action in this court, a plaintiff must either pay \$402 in fees – a \$350 filing fee plus a \$52 administrative fee – or, to request authorization to proceed without prepayment of fees, submit an IFP application. *See* 28 U.S.C. §§ 1914, 1915.

Plaintiff filed an IFP application, but he has not fully completed it. Plaintiff states in his IFP application that he is employed as an Uber driver. But he does not answer the application’s question asking the amount of his gross monthly wages. He also does not answer the application’s questions asking whether he: (1) has any money in a bank account and, if so, the amount; (2) has any other assets and, if so, their values; (3) has any expenses, debts, or other financial obligations and, if so, their amounts; or (4) financially supports anyone else and, if so, how much.

Because of Plaintiff’s failure to fully answer the questions about his financial status, the Court does not have sufficient information to make a determination concerning Plaintiff’s ability

to pay the fees. Accordingly, within 30 days of the date of this order, Plaintiff must either pay the \$402 in fees to commence this action, or complete, sign, and submit the attached amended IFP application in which he must fully disclose his financial status by clearly answering all of the application's questions. If Plaintiff submits the amended IFP application, it should be labeled with docket number 1:21-CV-7658 (LTS). If the Court finds that Plaintiff now possesses the funds to pay the fees, he may be required to do so.

Plaintiff has consented to electronic service of court documents. (ECF 3.) If Plaintiff complies with this order, this action shall be processed in accordance with the procedures of the Clerk's Office. If Plaintiff fails to comply with this order within the time allowed, the Court will dismiss this action.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444-45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated: September 14, 2021  
New York, New York

/s/ Laura Taylor Swain  
\_\_\_\_\_  
LAURA TAYLOR SWAIN  
Chief United States District Judge

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

\_\_\_\_\_  
(full name of the plaintiff or petitioner applying (each person  
must submit a separate application))

-against-

CV \_\_\_\_\_ ( ) ( )

(Provide docket number, if available; if filing this with  
your complaint, you will not yet have a docket number.)

\_\_\_\_\_  
(full name(s) of the defendant(s)/respondent(s))

**AMENDED APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☐ No (If "No," go to Question 2.)

I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☐ No

If "yes," my employer's name and address are: \_\_\_\_\_

Gross monthly pay or wages: \_\_\_\_\_

If "no," what was your last date of employment? \_\_\_\_\_

Gross monthly wages at the time: \_\_\_\_\_

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?
  
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
  
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
  
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
  
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

*Declaration:* I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

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Dated

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Signature

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Name (Last, First, MI)

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Prison Identification # (if incarcerated)

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Address

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City

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State

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Zip Code

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Telephone Number

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E-mail Address (if available)